DOCUMENT RESUME

ED 310 677 HE 022 782

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TITLE Roy's Adaptation Model of the Nursing Process: A Clinical Application for Wellness Promotion.
PUB DATE 89
NOTE 110p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS Allied Health Occupations; *Health Promotion; Higher Education; Models; *Nursing; *Theory Practice Relationship; *Well Being
IDENTIFIERS Roy Adaptation Model

ABSTRACT

Due to the need for nurses to use nursing theories in nursing practice, a theory based nursing process for wellness promotion was applied to an individual in a study. The objectives of the study were to: describe the Roy Adaptation Model for the nursing process; utilize the model for organizing and analyzing assessment data; collect psychosocial, biophysical, and educational assessment data on a well client; write a theory based individualized nursing care plan for the individual; describe five community agencies appropriate for promoting wellness for the individual assessed; and evaluate the applicability of the nursing theory to the plan of care for effectiveness, ease of application, and necessary revisions. The Roy Adaptation Model provides a direction for communicating the theory of the adaptive system while viewing the patient holistically. The study involved a 36-year-old female university professor. An analysis of the client in adaptation modes included the physiological, self-concept, role function, and interdependence modes. Roy's Adaptation Model provided an effective framework for organizing and collecting data from the client, though major problems in using the model included overlapping of adaptive modes, the value system of the nurse making decisions, an unclear meaning for the term adaptation in relation to growth, and an unclear definition of when need excesses or deficits occur. Three appendices are: data on the client based on Roy's Model; nursing process care plan using Roy's Model; and outline of theory based nursing process. Tables are included. Contains 13 references. (SM)

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Roy's Adaptation Model of the Nursing Process: A Clinical Application for Wellness Promotion

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Introduction

The nursing process as defined by Roy (1984) is "a problem-solving procedure used by the nurse to gather data, identify problems, select and implement approaches, and evaluate the results of care aimed at promoting health, quality of life, and dying with dignity" (p. 42). The nursing process is implemented through nursing practice. Nursing practice as indicated by Griffith-Kenney (1986) "is based on the synthesis and application of knowledge from the physical, behavioral and humanistic sciences" (p. 3). As reported, the knowledge base changes and expands rapidly as new theories and research constantly provide additional information. However, theoretical approaches utilized in nursing, can assist nurses to better understand, analyze, and interpret the complex health situation of the client and assist in applying knowledge while using the nursing process. Chinn and Jacobs (1987) reported that the rationale for using theory in nursing may be to possibly avoid some haphazard approaches to nursing as well as to assist in providing a well-established foundation for continuously describing, explaining, and predicting nursing empirics.

Conceptual models and theoretical frameworks developed by theorists from various disciplines as well as nurse theorists have been utilized in nursing. As revealed by Griffith-Kenney these models and frameworks vary in levels of development, abstractness, and clarity of the conceptual definitions and relationship statements. According to Yura and Walsh (1983) these include theories of a human need and perception, communication theory, decision making and problem solving theories, information theory, and general systems theory. The knowledge base provided through these theories can be used in the application of the

nursing process in promoting the wellness of the individual client, the family, and/or community.

Theory can "serve as a vital link between nursing practice, research, and education" (Griffith-Kenney, 1986, p. 11). Through utilizing nursing theory in the nursing process, the practice of nursing can be performed in a systematic, deliberate, logical, and rational manner and can facilitate: (a) the prevention of illness and (b) the maintenance, the promotion, and the restoration of a clients maximum health potential. Thus, this belief provides the rationale for this paper.

Purpose

Recognizing the need for nurses to use nursing theories in nursing practice, the purpose of this paper was to apply a theory based nursing process for wellness promotion. Specifically, the objectives were to:

1. Describe the Roy Adaptation Model for the nursing process.
2. Utilize a theory based model, Roy's Adaptation Model (1981, 1984), for organizing and analyzing the assessment data.
3. Collect psychosocial, biophysical, and educational assessment data on a well client.
4. Write a theory based individualized nursing care plan for the individual assessed.
5. Describe five community agencies which would be appropriate for promoting wellness for the individual assessed.
6. Evaluate the applicability of the nursing theory to the plan of care for effectiveness, ease of application and necessary revisions.

The Roy Adaptation Model of Nursing

The Roy Adaptation Model of nursing was selected as the framework for using the nursing process in planning the care for the well

individual. "The Roy Adaptation Model of Nursing describes the recipient of nursing care as an adaptive system" (Roy and Roberts, 1981, p. 49). Thus, as indicated, the model provides a direction for one to communicate the theory of the adaptive system while viewing " . . . the patient holistically" (p. 49) as noted in the theory statement. Therefore, the systems theory approach provides a direction for understanding man in relation to adaptation and wellness.

Three Main Areas of Emphasis in Adaptation Model

The three main areas of emphasis in Roy's Adaptation model include: (a) man as an adaptive system and the recipient of nursing care, (b) the goal of nursing which is to promote adaptation through adaptive modes, and (c) the nursing process which involves nursing activities that emphasizes the nursing assessment of client behaviors and nursing interventions and that as stated by Roy in Roy and Roberts (1981) by " . . . manipulating the environment, enhance man's adaptation levels relative to the health-illness continuum" (p. 31).

Concepts of the Adaptation Model

The adaptation model is composed of the following concepts: person, health, environment, and nursing.

Person. Person is described as an adaptive system composed of matter and energy organized into information. Person may be viewed as an individual, a family, a group, a community, or a society. Person is a living system and an open system which interchanges with the environment and responds to environmental demands. This living system is composed of subsystems arranged in a hierarchy, and prefers a state of balance even though subject to stress. When a change occurs it returns to a new dynamic state. A person, as described by Roy, copes

with the interactions through processes of the subsystems: the regulator and the cognator.

The Regulator and cognator subsystems are subsystems that react in relation to the four effector modes or behavior called adaptive modes. These adaptive modes are behaviors which include physiologic function, self-concept, role functioning and interdependence. The regulator is associated predominately with the physiologic mode of adaptation in effecting adaptive or ineffective responses. It is described in terms of a subsystem made up of inputs, parts, processes, effectors, and feedback. Inputs are described as stimuli from the environment and may be external or internal, chemical in nature and are transduced into neural information. The endocrine, neural, and perception-psychomotor portions are the major parts of the subsystem. The perception-psychomotor part is neural in nature and overlaps with the cognator system, thus connecting the two subsystems. There are necessary and major steps in the processes, effectors and feedback. These include:

1. The stimuli are changed into electrical impulses which travel to the central nervous system and to the effectors.

2. The effectors are controlled muscles and glands which produce reflex reactions which may be conscious or unconscious.

3. Other circulating chemicals stimulate the endocrine glands to produce hormones which affect target organs.

4. The feedback mechanism affects the perceptual powers and the neural and hormonal aspects of the regulator.

The cognator subsystem is made up of input, parts, processes, and effectors. The cognator is related to the adaptive mode of self-concept, role function, and interdependence. The cognator provides input, then the specific mode will specify the relevant pathways and

learning apparatus, then the specific mode includes processes that promote adaptation. The inputs are internal and external stimuli that vary in intensity. They include: social, psychosocial, physical, and physiological factors as well as the output from the regulator mechanism, and may be positive or negative. (The cognator parts include the psychosocial pathways and apparatus for: learning, perceptual/information processing, learning, judgement, and emotion. Learning involves imitation, reinforcement, and insight; judgement involves decision making and problem solving; emotion refers to defenses for seeking relief, affective appraisal, and attachment; and perceptual/information processing involves a person's internal activity of selective attention, coding, and memory. The effectors act together making possible external and internal verbalizations as well as the process of orientation, avoidance, approach, hiding, and flight.)

The adaptive modes include the physiological needs, self-concept, role function and interdependence as described in following section:

1. The physiological adaptive mode refers to the body's basic needs and means of adaptation in regards to: oxygen and circulation; nutrition; fluid and electrolytes; rest and exercise; elimination; and regulation, which involves temperature, the senses, and endocrine regulation.

2. The self-concept adaptive mode includes feelings and beliefs one holds about one's self and is formed by perceptions of others reaction. The components include the: personal self which includes self-ideal, self-consistency and moral ethical self; and the physical self consisting of body image and sensation.

3. The role function adaptive mode deals with performance of activities based on one's performance of activities based on one's

position in society. Performance depends on one's interaction with another in a given situation.

4. The interdependence adaptive mode involves a persons relationships as interactions with others and assists one in meeting affection and nurturance needs and satisfies psychic integrity. As revealed by Roy (Roy & Roberts, 1981) the responses depends on what is important to the person. The response can be adaptive or ineffective. Adaptive responses promote the persons integrity and goals in terms of survival, growth, reproduction, and mastery. Ineffective responses do not promote the persons goals. However, as stated by Roy, adaption may be the end result.

Health. Health is defined by Roy (1984) as "a state and a process of being and becoming an integrated whole person" (p. 39). Integration leads to adaptation which frees the person to respond to other stimuli which promote and enhance health. Wellness is included in the concept of health.

Environment. Roy (1983) defined environment as "all conditions, circumstances, and influences surrounding and affecting the development and behavior of persons or groups" (p. 269). The environment may be both internal and external.

The major component in Roy's model of nursing, is adaptation. Roy (Roy & Roberts, 1981) defined adaptation "as the persons response to the environment which promotes the general goals of the person including survival, growth, reproduction, and mastery" (p. 53). Adaptation may be a process as an end-product. The process of adaptation includes stressors known as focal stimuli, contextual stimuli, and residual stimuli. Adaptation includes the process of coping with the stressors and the end product of coping. The stressors are described as follows:

1. Focal stimuli is the stressor which immediately confronts the person and the one which the person makes an adaptive response. The focal stimuli are facilitated by contextual or residual stimuli.

2. Contextual stimuli is referred to as all other stimuli present during the time a person is confronted with a stressor.

3. Residual stimuli is similar to contextual stimuli but cannot be measured or validated. Factors often considered as residual stimuli include attitudes, experience, traits, or beliefs.

Adaptation is a process which results in stress. These may be labeled as the (a) changes in the environment which may be internal or external, and which lead to need deficits or excesses and (b) coping mechanisms which may produce adaptive or ineffective responses. Stress as defined by Roy in Roy and Roberts (1981) is "the transaction between the environmental demand for adaptation and the person's response" (p. 56). Thus, coping is a response to stress through the coping mechanisms, the regulator and cognator subsystems - reacting in relation to the four adaptation modes of physiological needs, self-concept, role function, and interdependence and nursing promotes the adaptation process.

Nursing. Nursing is "The science that observes, classifies, and relates the processes by which persons positively affect their health status, and (2) the practice discipline that uses this particular scientific knowledge in providing a service to people" (Roy, 1983, p. 2). The goal of nursing as developed by Roy (1984) focuses on the promotion of adaptation in the four adaptive modes, thereby contributing to health, quality of life, and dying with dignity" (p. 38). Thus, the goal of nursing is accomplished through the six steps of the nursing process: (a) first-level assessment, (b) second-level assessment, (c)

nursing diagnosis, (d) goal setting, (e) intervention, and (f) evaluation described as follows:

1. First-level assessment is assessment of behavior through using observation, interview, and measurement tools to gather data about a person in each adaptive mode. Tentative judgements about adaptive or ineffective behavior are made.

2. Second-level assessment is the assessment of influencing factors which include the stimuli: focal, contextual, and residual that are influencing or contributing to behaviors. Focus is on assessing ineffective behaviors to change them to adaptive and adaptive behaviors to enhance or maintain, especially if possibility of coping abilities appear to be threatened.

3. Nursing diagnosis is the third step of the nursing process and is based on the assessment of behaviors. Nursing diagnosis are arranged in a hierarchy of importance.

4. Goal-setting is the fourth step of the nursing process and involves making a clear description of the person's expected behaviors. The goal is stated in terms of enhancing and maintaining adaptive behavior and changing behavior that is ineffective to adaptive behavior. Goals may be short or long term.

5. Intervention is the fifth step of the nursing process and involves selecting or carrying out approaches to stabilize adaption or effect change by altering the adaptation level by managing stimuli. To change stimuli in the environment the possible approaches are listed and the ones with the probability of achieving valued outcomes are selected. For each approach, consequences are listed and the probability of the occurrence of each is given. The approach with the highest probability of achieving the valued goals is selected.

6. Evaluation is the final step and involves the judging effectiveness of the instituted interventions by observing the effect the nursing approach had on the person's adaptive behavior. Interventions are considered effective when the adaptive behaviors have been maintained and ineffective behaviors changed to adaptive behaviors. If behaviors continue to be ineffective the influencing factors are reassessed in order to modify nursing approach or to revise the total nursing care plan if necessary to achieve the goal.

Client Assessment Data Base

Biographical Data

Ms. P. is a 36 year old professor at a university. She is responsible for conducting research, teaching, and providing extension activities. Prior to her current job of eight months, she had been a teacher for 16 years in a high school. She was born in south Alabama and has lived there during her life except for two years in Birmingham to finish her baccalaureate degree. Her religious preference is Baptist and has participated in many activities at the church. She has been married for 18 years and currently resides in Opelika, Alabama in a modest home located in the city.

Ms. P. received her education at the University of Alabama at Birmingham. Her baccalaureate degree (B.S.) in 1970, Master of Education (M.Ed.) in 1975, and a Doctorate in Education (Ed.D.) in 1987. She moved to Opelika, Alabama and bought a modest house near the university and lives alone. Her husband is employed, has a high income and lives in their home town in their first expensive home. There are no children as planned. The couple married the year she finished high school. Both have excellent health insurance and retirement plans.

Ms. P. considers her family to be her mother, father, husband, aunt and uncle. The family has always been very close, visited every day or so, and attend the same church. The husband is 38 years old, the mother 62 and the father 65. Most of her close friends live in the town where her husband lives. She has one close male who is her sexual partner and one close female friend. Other friends are her colleagues she met through university activities.

Past medical history includes usual childhood diseases from age five to 11 years. She has not had any surgery, but has allergies to dust and cigarette smoke. Her family has no history of cancer, blood pressure or heart problems.

Analysis of Individual in Adaptation Modes

The data collected from the individual was categorized in the four adaptation modes (Appendix A) or ways for a client to cope with various environmental changes according to Roy's Adaptation Model (1984). These adaptation modes include:

1. Physiological Mode
2. Self-concept Mode
3. Role Function Mode
4. Interdependence Mode

Physiological Mode. In the physiological mode a person's needs include:

1. Activity and rest
2. Nutrition
3. Elimination
4. Fluid and Electrolytes
5. Oxygen/Circulation
6. Endocrine Function

7. Skin Integrity

8. Senses

9. Neurological Functions

The data for each of these need categories are summarized as follows:

1. In the activity and rest need category, the first level assessment data indicate an ineffective response. Even though the muscle strength in neck, shoulders, and legs were normal the muscles were soft, yet smooth. Client indicated she did not exercise regularly and gets most of exercise from walking up two flights of stairs each day. An exercise program should consist of 30 minutes of exercise three times per week (Luckman and Sorenson, 1980).

The stimuli contributing to the ineffective adaptation of activity and rest is time for exercise. The cues from nutrition, fluid and electrolytes, endocrine function, and interdependence provide the basis for second level assessment by identifying the stressors. The focal stimuli such as being underweight, no regular exercise, not enough sleep, need for wine and music for sleep, are beginning to show alterations and reactions. The contextual stimuli such as spending too much time on job, not getting enough sleep, or exercise, new job, new sexual partner, new home, inadequate diet, tiredness, lean body tissue requiring more complex calories are causing ineffective behaviors. These behaviors include waking up at night three to four times, resulting in four to six hours of sleep and drinking wine to be able to sleep.

These behaviors do not maintain the clients' level of psychological adequacy, so there is an adaptation problem with exercise and rest." As reported by Otto, Julian, Tether, and Nassif (1980), "Exercise is the key to physical fitness" (p. 285) and " . . . Feeling

tired is a natural body reaction. If tiredness is not alleviated by the proper amount of rest or sleep, then the problem must be examined" (p. 300). However, the body usually warns that fatigue has set in and that one needs rest. Strengths of the client include normal motor functions, range of motion in neck muscles and joints are within normal limits, client has erect posture, gait and balance good and coordination normal. Positive stimuli are indicated by Ms. P's recognition of the need for an exercise program and more rest.

2. In the nutritional need category the clients weight (98 pounds) and height (5'6") are not proportional according to the metropolitan chart of 1978. The client is approximately 16-23 pounds underweight. This alteration in nutrition is an ineffective response.* Contextual stimuli include inadequate exercise, stress, lean body tissue which requires more calories and an inappropriate diet as a result of not cooking; eating two small meals per day and eating same or similar foods indicated on a sample diet for an average day that was provided; or as a result of a role change. Before an etiological relationship can be identified, a further assessment needs to be made. "Medical evidence indicates that the long term effects of an improper diet may increase the risk of developing some of the leading causes of death: heart disease, cancer, stroke, diabetes, and arteriosclerosis" (Otto, et al, p. 317). A minimum of 1200 calories per day included in the four food groups are recommended (Nurse Reference Library: Assessment, 1983).

Strengths of the client include normal, dry, skin, and mucous membranes; hair and scalp in good condition; and nails are normal with instant capillary refill. Positive stimuli are indicated by knowledge of four basic food groups through having a degree in nutrition and by stating "I need to gain weight".

3. In the elimination category, data include urination as four to six times a day (1500 cc's) and one bowel movement each day. Bowel sounds were active in all four quadrants. Strengths include a non-tender abdomen, masses, or surgical procedures, with normal appearing urethra, genital area, and rectal area. Therefore, there is an adaptive response.

4. The oxygenation need category revealed no problems with: skin color; posterior, lateral, or anterior thorax (respiration 18); toenails; fingernails; pulses; or cardiovascular system (blood pressure 100/70 and pulse 72). Thus, the oxygenation pattern appears indicative of an effective behavior. However, even though the client reported there were no family members with heart trouble, strokes, or high blood pressure, there is a caution, as revealed by the Nurses Reference Library: Assessment, " . . . acquired behavior" as exhibited by the client, such as inadequate " . . . diet (high sodium intake, high lipid levels, obesity), personality, (especially Type A personality) and a stressful life - style - is a significant factor" in "cardiovascular disease" (p. 338). Laboratory results from ECG and chest-xray were normal. Client reported that she has an allergy to dust and smoke and takes allergy injections each week.

5. In the fluids and electrolytes need category, data include measurements obtained in the urinalysis, such as specific gravity (1.025). The electrolytes were within normal limits, the intake of 2100 to 2500 cc's of mostly caffeinated tea, diet coke with nutra-sweet, and little water as reported by the client are to be noted. Client also revealed that she was thirsty at all times.

6. In the endocrine function category, the clients behaviors are adaptive. Even though the client was dissatisfied with size of breast

and had dark brown hair on upper lip, all laboratory reports were within normal limits. The probable stimuli for the proportional difference in height and weight is inadequate diet and complex calories for the lean muscle tissue. Strengths include a family history free of diabetes and thyroid problems, as well as her menses beginning approximately at age 11 and regular. Client also reports no temperature changes from hot to cold or perspiration except on exertion or hot weather. The clients' earliest sexual experience was on wedding night at age 18.

7. Data on skin integrity indicate effective adaptation. The skin is light in color, warm, smooth, moves easily and snaps back into place, and no edema. Hair and nails appear healthy. Few papules and macules evenly distributed over body.

8. The senses data indicate effective adaptation. Eye examination revealed 20/20 visual acuity with contact lenses using Snellen Eye Chart, and near vision normal (CN#2 intact) using Jaegar chart. There were no abnormalities in the gaze, brows, lids, sclera, conjunctiva bulbar, cornea, lacrimal duct, pupils constriction (CN#3 intact) iris, light reflex and accommodation were normal. Visual fields and occular movement (CN#3, 4, 6 intact) were normal.

The ears including internal, external, auditory acuity Watch Test (CN#8), Weber Test for air conduction hearing (AC>BC), were normal. The tongue was normal including gag reflex (CN#10 intact) tongue out (CN#12 intact) and client could distinguish sweet and sour (CN#7 intact).

The nose was symmetrical, mucosa pink and moist, no tenderness, no swollen areas, septum was intact, anterior nasus symmetrical, and an allergy crease. The client could smell alcohol (CN#1 intact).

The client has long fingers, no enlarged knuckles, nails pink with instant capillary refill, no lesions, cuts, bruises, and skin is smooth

and light in color. There were no noticeable non-verbal indications of sensory hearing or seeing impairment.

9. The neurological function data indicates the client is alert and oriented by answering questions, cranial nerves intact, balance test negative, coordination and sensory nerve function normal (pin). Reflexes, strength and quality of grip and foot push, sense of pain and touch were normal.

In the self-concept mode a person's needs include the:

1. Physical self
2. Personal self

The data for each of these needs categories follows.

1. The physical self includes the body sensation and body image (Buck 1984). Data regarding body image is mainly centered around having small breasts and the need to gain weight. Grooming is adaptive as observed by neat appearance, clean clothes, wearing of a small amount of make-up, perfume, nail polish, and jewelry, as well as being attractive.

2. The personal self includes self-ideal, self-inconsistency and moral-ethical-spiritual self. Client is oriented to time, place, and responds appropriately to questions. Has annual physical pap smears, dental examinations, and eye examinations every one to two years as directed by physician. Client is not as consistent in terms of sleep patterns and getting rest and sleep or in eating habits. The client is adaptive except for a need to have her husband's attention to listen to her personal concerns. He usually listens but denies that there are problems between them. Ms. P. perceives herself as being a woman who is intelligent, caring, giving and wants to share her life with someone who cares.

In the role function mode a person's needs include "role performance, role mastery, and primary, secondary, and tertiary roles" (Griffith-Kenney and Christensen, 1986, p. 137).

Ms. P. is a 36-year old woman, separated from her husband by each being employed in a different town. Tasks involved in this arrangement involve a dissatisfying marriage, managing two homes, a new car, a new job and interdependence with others. Data indicate that Ms. P. has accepted her primary role as a college professor; her secondary role as a wife, daughter and now a patient client. She has been married 18 years and expresses a desire to terminate her marriage. She enjoys being with her new male sexual partner. Friends include colleagues at the university, and one close female friend. Other friends are also friends of her husband. A potential role adjustment to moving away from home and husband, accepting a new job, buying a new car and having a new sexual partner is recognized by the client. Adjustment to these situations, in addition to other subjective and objective data, is probably seen often and adaptation is ineffective.

Included in the interdependence mode are needs for significant others and support systems. Significant others as identified by Ms. P. are her new male sexual partner and a close female friend. Ms. P. is seriously thinking about divorce from her husband of 18 years who cannot be considered as a significant other at this time. However, Ms. P. expresses difficulty with her husband. Support systems are her father and mother, her dog, her aunt and uncle. She has a comfortable income, savings, and is managing her new home, new car, and new job through living independently. Affectional inadequacy has been expressed by Ms. P. She talks to her parents by phone two to three times a week. Her husband calls two to three times a week. Her new male sexual

partner calls one to two times a day. She talks to her close female friend every day. Yet, there is a desire for more communication and interaction with people in more social activities. Ms. P. expresses that she does not love her husband and needs someone to love. This need for belonging to someone, as reported by Maslow (1970) is necessary for developing self-esteem. From the data, Ms. P. is experiencing ineffective behavior. Positive stimuli is the recognition that she has some problems.

Major Strengths and Concerns

The clients' major strengths include: good motor functions and muscle strength, normal senses, good elimination, adequate oxygen, and normal neurological functions. The concerns the client recognized were: need for regular exercise, rest, sleep and to gain weight, desire for larger breasts; need for social activities; need for husband to respond to concerns and someone to love.

Summary of the Nursing Process Care Plan

The nursing process care plan (Appendix B) using Roy's (1984) model was designed into six steps: first level assessment, second level assessment, nursing diagnosis, goal-setting, intervention and evaluation. The purpose of the steps is to use a problem-solving-based approach nursing process. The nursing care plan was developed according to the needs categories in the four adaptive modes. Once these needs are identified, then the nurse can prioritize the nursing diagnoses into a hierarchy of importance to assist the client in promotion of wellness. Specifically, the two objectives for this approach are to:

1. Provide a person-centered goal of nursing, and
2. Provide accountability of the profession which is a practice oriented scientific discipline.

In the first level assessment the subjective and objective data were collected in the four adaptive modes: physiological mode, self-concept mode, role function mode, and the interdependence mode. Once the data were collected a judgement was made as to whether the behavior was a concern to the nurse or to the client. A decision was then made to determine if behavior was ineffective or adaptive.

In the second level of assessment the three types of stimuli: focal, contextual, and residual, were examined. As indicated by Roy (1984) any stimulus can affect either or all of the adaptive modes. The nursing diagnosis resulted from an overall assessment of the excesses or need deficits which led to ineffective behavior.

After the ineffective behaviors were identified, the next step involved goal setting by writing a clear description of what was to be expected of the client to maintain adaptive behavior and to change ineffective behavior. Once the expected goals were stated, then the intervention plan was designed to manipulate the focal contextual, and residual stimuli which assists in promoting the adaptation ability of the client. The last step on the plan was designed to assist the nurse in evaluating the effectiveness of the plan to assist the client in adapting ineffective behaviors.

Community Agencies

Based upon the assessment information obtained from the client several community agencies were identified that would be appropriate for wellness promotion. The agencies that could provide assistance in promoting wellness and continuing follow-up and evaluations of the client include:

1. East Alabama Wellness Group
2. Internal Medicine Associates

3. The Lee County Public Health Department Nutrition Section
4. East Alabama Mental Health Center
5. University Club

The East Alabama Wellness Group is operated by the athletic department from Auburn University in Auburn. A client must complete the following to participate in the program: A complete chemical profile; a chest-xray; an electrocardiogram (ECG); a stress test; an assessment of the fat and water content of the body; and an assessment of vital signs and a nutritional profile. The results are then provided to a physician for analysis. In addition, the client must also be examined by a physician before a program can be planned for the client. Once the participant has entered the program a special individualized program is planned for the client. Continuous records are kept on the client thereafter while participating in the events such as jogging, running, walking, and exercising on various machines. A fee is charged once a month for continuing in the wellness promotion program. This program would be excellent for the client to be involved with a continuing exercise program for promoting wellness.

The Internal Medicine Associates is a corporation of physicians with many specialties in medicine. A client can receive a complete medical assessment and receive continuing care for medical problems or annual physicals for promotion of wellness. If there are problems, one of the physicians, according to specialty, will provide the care necessary. This corporation would be excellent for the client to have the laboratory tests, mammogram, chest-xray, ECG, stress test, as well as a physical examination to meet the requirements to participate in the East Alabama Wellness Group, or for assisting with maintaining or changing behaviors of the client.

The Lee County Public Health Department Nutritional Section has a program designed to assist clients with nutritional problems, or continuing education programs. The basic information is presented in the four groups. Calorie calculation and proportional weights and heights are discussed. Brochures are available and assistance is provided in planning specified diets for medical problems such as diabetes and heart disease. This would be an excellent program for this client, even though she has some basic preparation in nutrition. The program could assist her in planning a well rounded nutritional plan to include the basic four groups and possibly encourage her to prepare more of her food at home, rather than eating an inadequate diet as she is currently doing. This plan and a regular schedule may also help her to gain weight to be proportional to her height.

The East Alabama Mental Health Center provides information and counseling on mental health problems. Many times these problems are complex and may "result from the interaction of many factors, including heredity, family relationships, living conditions, and social and economic constraints" (Lancaster and Kerscher, 1980, p. 620).

The mental health center personnel usually counsels some of the same clients continuously because clients suffering from psychological maladies many times live in or return to a community following medical treatment in a hospital or other facility. The center provides services to various groups and age ranges from children to the elderly. The center has been effective in developing prevention programs to assist in strengthening community residents' ability to cope with stress and provide forms of secondary and tertiary interventions. Many situations are encountered by the professionals in working with the clients in the mental health center. According to Lancaster and Kerscher (1980) "A

variety of social conditions influence the maintenance of mental health: inflation and unemployment, the increasing number of women who work (thereby changing roles within the family for both men and women), and an increasing tendency to use drugs or alcohol to cope with life stresses" (p. 632). The center would be helpful and has been recommended to this client due to the behavior discovered in the assessment data base. The client now realizes she has some problems dealing with adapting to several situations and is planning on seeking help.

The University Club is a club for university faculty. The purpose is to provide an avenue for colleagues to plan and develop programs, activities, and on-going projects. This provides an opportunity for faculty to work together cooperatively, communicate and socialize in various activities. A special section of the student union is assigned for their use as well as for eating together. This club would be very helpful for this client so she could fulfill her need for socializing with people.

Effectiveness and Applicability of Roy's Model

Roy's model serves as an effective framework to organize and collect information from an individual client. The organization of information into the four adaptive modes enables the nurse to review the subjective and objective information, assists in clarifying information, provides a good method to allow the nurse to make better decisions about a client's needs whether they are excesses or deficits.

Once the information is collected the nurse can better utilize the nursing process to provide care. The data can be categorized into the six levels: first level assessment, second level assessment, nursing

diagnosis, goal-setting, intervention and evaluation which provides a problem-solving process for making decisions.

The major problems encountered with the Roy model include:

1. Overlapping of modes such as role function, self-concept, and interdependence.

2. Influence of the value system of the nurse assessing the client and making decisions as to whether the behavior of the client is adaptive or ineffective.

3. An unclear meaning in the term adaptation in relation to growth.

4. An unclear definition of when need excesses or deficits occur.

Summary

The purpose of this paper was to apply a theory based nursing process model to an individual client for wellness promotion. Thus, the Roy Adaptation Model was utilized. The presenting information and the client's adaptation in the four adaptive modes: physiological, self-concept, role function, and interdependence as identified through the assessment data are summarized as follows.

Presenting Information

Subjective data was obtained from the record and client. Ms. F. is a 36 year married woman of American descent who lives alone in a new home she bought in the city of Opelika, Alabama about eight months ago when she accepted a new position as a university professor. Her husband is employed with a very high income and lives in their home town where they both were reared and finished high school together. She has no children and has no desire for children. She talks by phone to her parents every two to three days. Husband usually calls her every one to two days. She is currently responsible for teaching, research, and

extension activities at the university and she is a member of the Baptist church. Her income is derived from employment at the university in addition to other real estate holdings.

Recently, Ms. P. called the physicians family care clinic and scheduled an appointment for a complete physical. She stated "I don't have anything wrong with me but I want a complete physical."

Objective Data included a specific day in the clinic. Ms. P. came in the physicians clinic smiling, with pretty white teeth, wearing a white suit and sun glasses. Height was 5'6"; weight 98 lbs; temperature 98.6F; pulse 72 beats per minute and regular; respiration 18 per minute; and blood pressure was 100/70 (left arm sitting). Lungs were clear, no edema, skin color fair, and extremities warm.

Client Adaptation

The four adaptive modes in Roy's model may be referred to as ways to cope with environmental changes. These modes include physiological needs, self-concept, role function, and interdependence. Data were collected on the client according to these modes.

In the physiological mode, the needs, according to Roy, are activity and rest; nutrition; elimination; fluid and electrolytes; oxygenation; endocrine function; skin integrity; the senses; and the neurological functions. There needs as identified from the client's data base are as follows.

1. In the activity and rest category data revealed an ineffective adaptive response in the first level assessment. The client behavior of waking up three to four times a night, getting only 4-6 hours of sleep, and drinking wine to sleep, do not maintain psychological adequacy. Therefore, an adaptation problem exists with exercise and rest.

Probable stimuli are working too many hours, no regular exercise program, new sexual partner and new house.

2. In the nutrition category according to the metropolitan chart, the client is underweight. This alteration is an ineffective response and the stimuli is probably related to inadequate diet, however, further assessment is needed. Client reported that she was constantly thirsty.

3. In the category of elimination, output would be a concern due to amount of intake through a probable inadequate diet. Sample diet and intake of fluids provided by client were inadequate.

4. In the fluids and electrolytes category, there is a data gap in the amount of salt intake, even though electrolytes were within normal limits. However, it should be noted that intake of fluids consisted mostly of caffeinated tea and diet coke with nutra-sweet.

5. The needs in the oxygenation category revealed an adaptive response. However, as reported in the Nurses Reference Library: Assessment (1984) acquired behavior such as eating an inadequate diet and high sodium intake, and a stressful life-style is a significant factor in cardiovascular disease.

6. In the endocrine function category, which also includes temperature and sexual history, the clients behaviors were adaptive.

7, 8, 9. In the skin integrity, senses, and neurological function categories, the responses were adaptive.

The self-concept mode includes physical, personal, and moral self needs. These needs as identified are as follows.

1. In the physical category, the client had an ineffective response in relation to having small breasts.

2. In the personal category, there was an ineffective response in relation to receiving attention from her husband regarding her concerns.

The role function mode includes a need for role performance, role mastery, and primary, secondary, and tertiary roles. The data revealed an ineffective adaptive response.

The interdependence mode includes a need for affectional adequacy and support systems. There was an ineffective adaptive response.

Strengths of client. Based upon the assessment data the client's strengths are:

1. Good motor functions and muscle strength
2. Normal senses
3. Good elimination
4. Adequate oxygenation
5. Normal neurological functions

Concerns of client. The concerns of the client are:

1. Need for regular exercise program.
2. Need for more rest and sleep.
3. Need to gain weight.
4. Desire for larger breasts.
5. Need for husband to respond to concerns.
6. Need to have someone to love.
7. Need for social activities.

Based upon the analysis of the clients' assessment data, a nursing process care plan was developed. Roys (1984) six steps: first level, second level, nursing diagnosis, goal setting, intervention, and evaluation were used to assemble the data. The care plan was developed according to the needs categories in the adaptive modes. This provides an opportunity for the nurse to prioritize the needs to assist the client in wellness promotion.

Once the data had been analyzed there were five community agencies that were identified that would possibly be appropriate for assisting the client with her adaptation: (a) East Alabama Wellness Group, (b) Internal Medicine Corporation: (c) The Lee County Public Health Department Nutritional Section, (d) East Alabama Mental Health Center, and (e) the University Club. These agencies could provide assistance and opportunities in promoting wellness and continuing follow-up and evaluations.

In conclusion, Roy's adaptation model provides an effective framework for organizing and collecting data from an individual client. However, major problems in using the model include: (a) overlapping of adaptive modes, (b) the value system of the nurse in making decisions, (c) an unclear meaning for the term adaptation in relation to growth, and (d) an unclear definition of when need excesses or deficits occur.

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Appendix A

Data of Individual Client Based

on Roy's Model

Table 1

Data of Individual Client Based on Roy's Model

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
A. Physiological Mode		Exercise	
1. Activity and rest	- Muscles small, moderately strong and developed, soft* and smooth, no atrophy - Height and weight is not proportional	- Client does not exercise regularly; gets exercise only from routine walking in addition to walking up 2 flights of stairs 2 times a day*	- Muscle strength - Neck against hand, raised shoulder, flexed arm, extended arm, raised each leg 5' - 6", 98 lbs.
Subjective "I need more exercise"	- Motor functions - No muscle masses - Joints warm; no edema, tenderness or crepitations - ROM WNL - Erect posture; anterior and posterior thorax symmetrical - Neck muscles and joints ROM WN Range	- Teaches at university - Client not satisfied with amount of exercise each week*	Neck - To Chest 45 degrees - To backwards 55 degrees - Lateral 40 degrees - Rotation (Chin to shoulder)
	- Gait and balance good while standing, walking, and standing still		

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
1. Activity and rest (con't.)	- Coordination with eyes closed (finger to nose and heel to knee to foot)		- Coordination test
	- Motor function, normal, can tap foot, touch finger to nose to thumb, tap foot		- Motor function test
	- Relexes normal		- Reflexes included biceps, triceps brachioradiales patella, achilles, plantar - Kernigs - Brudzinski
	Nonverbal language - Smiling frequently - Circles under eyes* - Concentrated on discussion intently - Yawning*		
"I do not feel rested with amount of sleep I am getting"		Sleep - Not much sleep no naps * - Do not feel rested with amount of sleep*	- Sleep 5-6 hours each - 6-8 hours needed to be feel rested
"A good glass of wine and music helps me relax"		- Either a hot bath, music, backrub, wine,* and/or a kind person who will talk and listen helps to relax in preparation for sleep - No medications taken for sleep	
		- Wakes up several times during night	- Wakes up 3-4 times a night

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
2. Nutrition Subjective Data "I need to gain weight" "I eat about the same amount and similar food each day"	Skin - Skin is light, and normal in color, smooth, dry*, few macules, skin moves easily and snaps back, no edema - Mucous membranes of conjunctiva are transparent with light pink color; gums are pink, moist, smooth; buccal mucosa is pink, moist smooth and shiny	Meals - Eats about 2 meals each - Drinks caffeinated tea for lunch and dinner*	Diet - (1 day average) Breakfast - 6 ozs. Orange juice - 6 ozs. milk with 1 cup Cereal Break 12 oz. diet coke with Nutrasweet Lunch - 1/2 Hoagie Sandwich (slice of ham and salami, lettuce and tomato; mayonnaise with 1/2 seeded bun) - 1 small bag of cheese potato chips - 1/2 Kosher pickle - 2 glasses caffeinated, not sweetened tea, (16 ozs.) Break 12 oz. diet coke with nutrasweet Dinner - 2 glasses tea caffeinated non sweetened (16 oz.) - 1 hamburger bun with average size piece of hamburger beef with lettuce, (table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
			tomato and mayonnaise
2. Nutrition (con't)	- Height and weight are not proportional	- Knowledge of Food Groups - Has one degree in nutrition	- 5' - 6", 98 lbs. Lab Results (gap) - Normal report but no actual report to review - Fat Caliper reading
	Hair - Hair distributed evenly, on normocephalic, brown in color, neither excessively dry or oily, and is pliant and thick - Scalp is pinkish white, smooth and inelastic, no scales or bumps	Eating Meals - Eats with a colleague, usually with closest friend - Eats in restaurants most of time.* - Eats breakfast usually at home	
	Nails - Nails are smooth with pink nailbeds, transparent, white tips, convex, and capillary refill is instant	- No vitamins are taken to supplement diet - No recent changes in diet or weight - No increase/decrease in appetite - Can eat most all foods, but do not (see diet)	
3. Elimination	Urine - Urine is amber colored and	Urination _ Go to bathroom to urinate	- Urinate 4-6 times a day; output

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
3. Elimination (con't)	has recently had a strong odor.*	several times a day,no burning - Has 1 BM each day - BM is soft, firm, and light brown in color; no pain; no laxatives or enemas used	estimated at 1500 cc's - Urine 1.025 Specific - 1 BM each day - Lab test revealed no occult blood; other normal
	Abdomen - Skin smooth and soft. - Abdomen non tender - Umbilicus centrally located and convex on flat symmetrical abdomen - No hair, striae, scars, or lesions noted - Bowel sounds in each quadrant active - No bruits, and no vascular sounds evident in aorta, renal, iliac, or femoral arteries		- Bowel sounds (1/2 second each) with auscultation of 1 minute each quadrant (RLQ, RVQ, LUQ, LLQ) are active - Liver palpable and is approximately 5 inches
	Genital Area - Urethra opening small - Palpation reveals no pain or tenderness; no lesions, papules, macules or vesicles - Skin clear with large amount of brown hair in genital area	- No lesions, pain or tenderness ever in genital area	

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
	Rectal Area - Skin clear, no hemorrhoids, lesions, masses, lumps, macules or papules	- No problems ever in rectal area	
4. Oxygenation	Respiratory System - Face and extremities are light (fair) in color, dry, and warm to touch - Vital signs are normal Posterior Thorax - Skin color normal (light) - Chest Contour is symmetrical - No bulging or active movement in intercostal spaces with breathing - Diaphragmatic excursion WNL (1 1/2 to 2 between thumbs) - Client is chest breather - No lumps, masses, tenderness or palpation - Spine straight without lateral curves - Scapulae are symmetric - Tactile fremitus is symetric strongest at top near tracheal bifurcation (Vocal 99) on palpation	Smoking - Never smoked cigarettes, cigars, or pipes - Inhales smoke from others such as colleagues, friends at socials at work - Understands effects of smoking	Vital Signs - PB 100/70 - Pulse 72 - T. 98.6 - R. 18, regular rhythm and depth - Chest contour is symmetrical - Anterior posterior diameter is twice as as deep (1-2 ratio) - Vocal sound 99,99

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
Oxygenation (con't)	- Posterior thorax resonant on percussion and scapulae, ribs spine dull - Normal broncho - vesicula breath sounds in bilateral peripheral lung fields	- No shortness of breath	Posterior Thorax resonant, scapulae, and ribs, and spine dull on percussion pattern 1 1 2 3 4 5 - Ausculation of Bronchovesicular equal inspiration and expiration phases (I=E) (Blowing sound) Medium pitch, Medium intensity (I=E)
	Lateral Thorax - Skin, warm, dry - Breath sounds resonant and vesicular - No lumps, masses		
	Toenails/Fingernails - Nails have rapid capillary refill when pinched - Mucous membranes of conjuntivia are transparent with light pink color;	- Extremities are warm, not cold to touch - no bleeding problems	- T. 98.6 - ECG - CBC within normal range

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
4. Oxygenation (con't)	gums are pink, moist smooth; buccal mucosa is pink, moist, smooth and shiny		
	Pedal Pulses - Pedal pulses are palpable	- No high B.P.	- P. 72 regular rythm and rate
	Anterior Thorax no abnormal Sounds - Skin color normal (light) - Thorax symmetrical and no deformities - No tenderness on palpation of costovertebral areas - Lung fields resonant - Flat sounds heard over sternum, typanny over stomach, - Normal vesicular breath sounds are soft, breezy soft intensity, low pitch (I>E) Inspiratory 3X's Expiratory phase - Bronchial breath sounds over trachea are normal - Accessory muscles move little with passive breathing - Fremitus decreased over heart, breast and lower thorax	- No shortness of breath	Anterior Thorax - Normal vesicular with breath sounds over anterior lung field - Chest excursion 1 1/2 -2 - Breath sounds Bronchial) (I<E) - Auscultation - Chest X-ray normal
		- No chest pain, shortness of breath (SOB) or fluttering in chest	

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
4. Oxygenation (con't)		- No cough except with colds	
	Cardiovascular		
	- No movement in aortic or pulmonic area	- No problems with heart	- EKG Normal
	- No pulsations or vibrations found		- PMI 1/2 to 1" diameter
	- No lifts or heaves or thrills		
	- Major anatomical landmarks located (Aortic, pulmonic, tricuspid, mitral)		Anatomical Landmarks - Aortic, rt. side 2nd (RICS) near sternum S2>21 - Pulmonic, lft. side 2nd (LICS) near sternum S2>S1 - Tricuspid, lft. side 5th (LICS) near sternum S1>S2 - Mitral, lft. side 5th medial to MCLS S1>S2
	- Apical pulse located rate WN range		- Apical pulse located at 5th lft. intercostal space. 72/min and regular
	- Aortic rate WN range regular		- Aortic 72/min and regular
	- Pulsation of Abdominal Aorta is seen and palpated in epigastic area		

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
4. Oxygenation (con't)	Pulses - Pulses located; all 2+ except carotids = 3+ radial 2+ regular rythmn brachial 2+ regular femoral 2+ popliteal 2+ dorsalis pedis 2+ posterior tibial 2+ carotid 3+ bounding (no sound) abdomenal Aorta 2+	- No problems with phlebitis, blood clots	Pulses - all 2+ except carotid = 3+ - Volume (3+ = bounding or increased 2+ = normal 1+ = weak or decreased 0 = absent
5. Fluid and Electrolytes	Skin -Light and normal in color, smooth, dry, few papules and macules evenly distribued, skin moves easily and snaps back into place, no edema	- Drinks caffeinated tea, diet coke with Nutra-sweet and water, no coffee - always thirsty*	- 2100 - 2500 cc's daily
	- Mucous membranes of conjunctiva are transparent with light pink color; gums are pink; moist, smooth; buccal mucosa is pink, moist smooth and shiny	- No history of hypertension - Not taking any medications for excess body fluid or B.P.	Vital Signs B.P. 100/70 R. 18 P. 72 T. 98.6 - ECG Normal - CBC Normal - Urinalysis Normal
Subjective "I am tired"	- No signs of restlessness - Appears tired* - Very alert, yet apprehensive*		

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
5. Fluid and Electrolytes (con't)		- Does not add salt to food while cooking, sometimes at table - Does not take any Potassium supplements	
6. Endocrine function	- Height and weight are not proportional - Hair is fine and light to dark brown on arms and legs - Hair on upper lip and toward corners of mouth is dark brown and more than usual*	- Usually body is warm not too cold or hot - No history of diabetes or thyroid problems, recent lab tests - No difficulty with hormones, recent tests - No problem with onset of secondary sex characteristics - Does not take birth control pills - Would like for breasts to be larger	- 5' 6", 98 lbs. - Lab test for thyroid and other hormones - Last menstrual period during last month 5/16/89 for 3-4 days - 30 days usually in cycle
Subjective "I would like for my breast to be larger. They are too small"	- Breast small, areola dark, no lumps, masses, drainage tenderness, or abnormal size noted	- Knows how to examine breasts - Not taking birth control pills - Was young when started periods - Schedule regular pap smears and mammogram	- Self-breast examination once a month, and recent physical - 11 years old when started menses - Pap smear, Normal - Mammogram, Normal (both recent)

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
6. Endocrine function (con't)		Sexual Behavior - Sees self as woman, attractive, average person, tender, loving, feminine, caring, giving - Mother most influential in teaching about how to be a woman - Learned about sex during college courses and after marriage - Beliefs about sex different from parents. Parents think sex should be within the bonds of marriage. Client feels more liberal, probably enjoying sex more than parents.	

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
6. Endocrine function (con't)		- Earliest sexual experience was wedding night, was scared, nervous, shy, and it wasn't a good experience at beginning because it hurt. - No worries about sex at present time* - Client and primary sexual partner do not agree on frequency of sex at all times - Usually has sex once a week depending on work schedule, husband initiates sex* - Worries about sex, hopes to please and be a desirable partner* - Has a male sexual partner outside of marriage*	
7. Skin integrity	Skin - Light and normal in color smooth, dry, warm, few papules and macules evenly distributed, skin moves easily, and snaps back in place, no edema, no perspiration unless exertion or heat of weather	- Skin is dry, not itchy, no no rashes, cuts, can sense pain and change of temperature	T. 98.6 - Papules and macules evenly distributed over body. 2 mm in size

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
8. Senses	Eyes - Gaze parallel, lashes brown, evenly distributed and long - Brows are thick, symmetrical and dark brown - Lids do not cover pupil and are color of skin, no entropia, no ectropia - Sclera cannot be seen above iris and has color of white porcelain - Conjunctiva are transparent with light pink color, no lesions, edema or foreign bodies - Bulbar covers sclera, transparent and shiny - Cornea, transparent - Lacrinal gland area now tender - Lacrinal duct, no edema or excess tearing - Pupils and iris, round, equal in size (3 cm) light reflex reveals pupils constrict - Accommodation: pupil constricts with nearby objects; dilates when looking at distant objects (CN#3 intact)	- Reports that glasses or contacts must be worn to see - Has eye examination as recommended by physician, usually every 1-2 years	- Has impairment with eyes (corrected by glasses or contacts) - Eye examination every 1-2 years - Ruler to measure - Penlight - CN #3 intact

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
8. Senses (con't)	Visual Acuity - Normal distant vision (OS,OD,OU) with contact lenses - Near vision normal with contact lenses CN#2 intact		- 20/20 with Snellen Eye Chart and Contact lenses - Jaegar Chart and contact lenses CN#2 intact
	Visual Fields - Client and examiner sees finger enter field of vision at same point		- Check peripheral vision
	Occular Alignment - Pupils constrict (CN#3) - Eyes move up/down (CN#4) - Lateral movement (CN#6) Diagonally - Upper lid covers iris only in all gaze directions - Cover test normal for covergence and divergence		- Occluder to cover eye
	Internal Eye - Red reflex bright orange uniform and brilliant; - clear yellow optic disk; - reddish pink retina - Physiologic cup covers about 1/2 of optic disk - light red arteries/dark red veins (veins about 1 1/2 times artery size)		- Ophthalmoscope

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
8. Senses (con't)	- avascular macula located temporarily -DD 2 1/2 @ DD Abnormality		
	Ears External - Auricles level with each other, upper point of attachment level with lateral canthus of eye - External meatus not swollen or occluded - Auditory meatus has no discharge, canal is 1-2 CMS, no tophi.	- No problems with hearing	- Audiometer
	Ears Internal - Canal has no foreign bodies free of excessive cerumen, lesions, discharge and inflammation - Eardrum is translucent and pearly gray - Typanic membrane is free of tears or breaks - Short process of malleus seen in center of ear drum at umbo - Light appears as cone cone of light rt. ear 5:00 p.m. cone of light lft. ear 7:00 p.m.		- Otoscope - Ear Speculum
	Auditory Acuity - Watch test - to ear, normal		- Watch for Watch test

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
8. Senses (con't)	- Whisper test with each ear closed as checked, normal (CN #8 intact)		- Whisper test; hears numbers when whispered or hears watch at 3-5 inches
	Weber Test - Test for conduction deafness normal, no laterization		- Tuning fork for Weber Test (at Midline of head)
	Rhine Test - Air conduction hearing was better than bone conduction (AC>BC)		- Tuning Fork for Rhine Test (AC>BC) (behind ears and in front of mastoid process
	Nose - Nose symmetrical, mucosa pink and moist, no tenderness, no swollen areas, septum intact, anterior nares symmetrical, and has allergy crease	- History of allergies for 15 years, requires allergy shots; allergic to smoke and house dust*	- Penlight - Had allergy for 15 years, takes 5-10 minutes
	- Smells alcohol CN#1 intact	- Allergy problem require time each week from routine to give self shot	
	- Nasal patency		
	- No apparent difficulty	- No problem with smell	

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
8. Senses (con't)	Tongue - Medium red, smooth lateral surface, free mobility, number of papillae varies, symetrical, frenelum intact, no lesions, cysts, or modules evident. - Client distinguishes sweet and sour (CN #7 intact) - Swallows without difficulty, moves tongue and gag reflex (CN #10 intact) - Sticks out tongue and move from side to side (CN #12 intact	- No problem with taste	- Sugar and Lemon
	Hands - Long fingers, no enlarged knuckles, nails pink with rapid capillary refill, no lesions, cuts, bruises, skin smooth and light in color - No noticeable non-verbal indications of sensory hearing or seeing impairment	- Reports no numbness, no pain or redness in joints or fingers or wrist - not ever any problems with hands	
9. Neurological function	- Level of conciousness normal - Responds to questions and instructions, cooperative,		- Date, location date of birth, Christmas, Memorial Day, self

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
	and perceptive to events	repeats numbers	
9. Neurological function (con't)	- Cranial nerves intact		- Cranial nerves tested 1-12
	- Balance test negative (Romberg)		- Romberg Test
	- Coordination, Normal		- Coordination Test
	- Sensory nerve function normal (sensory response to all areas)		- Pin used to check sensory
	- Sensations felt equally on both sides all areas		
	- Identifies objects held in hand		
	- Reflexes normal		- Reflex Test - Kernigs and Brudzinski
	- Superficial reflexes, normal, (upper abdomen, lower abdomen)		- Superficial reflex test
	- Babinski test, negative		- Babinski Reflex
	Mouth		
	- Lips - symmetrical when smiling (CN#7 intact); pink, moist; pink and mucosa, no lesions evident, no chelesis (cracks), no fever blisters (Herpes Simplex),	- No difficulty swallowing, eating, walking	- CN #7
	- Gums - pink, moist, smooth		
	- Buccal mucosa - pink, moist, smooth, shiny, parotid ducts second from last tooth,		- Tongue blade and light
	- Palates smooth and without lesions		

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
9. Neurogical function (con't)	- Gag reflex normal (CN #10 intact) - Uvula, soft and pink - Posterior pharyngeal wall pink, well hydrated, tonsils present, no edema, lesions, exudate or petechiae evident - Floor of mouth pink, moist frenulum intact, salivary ducts evident (sublingual and submaxillary), no patches leukoplakia		- Reflex function
9. Neurogical	- Teeth white, smooth, shiny, number 28, dental caries filled, no chipping evident, restoration normal - Face - light in color, no pain to touch, symmetrical, temporal masseta muscle normal symmetrical eyebrows, tactile perception (CN #7 intact)		
	Eyes - Same as #8 senses - Pupil reactivity, normal no problem evidenced - Strength and quality of grip and foot push normal - Sense of pain and touch, normal	- Has never had a seizure or tremors	- Same procedure used in #8 Senses for eyes

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
9. Neurogical function (con't)	Neck . Symmetrical without masses . thyroid not visualized on swallowing		
	Lymph nodes in neck not palpable (pre-auricular, post-auricular, occipital, tonsillar, submaxillary, submental, superficial cervical, posterior cervical, deep cervical, supraclavicular		. Palpation
	. Trachea in midline at suprasternal notch		
	. No evidence of bruits in cartoid pulses		
	. Muscles, normal (chin to chest, head to hand resistance, shrugging of shoulders (CN #11 intact)		
B. Self concept mode			
1. Physical self	. Clothes are attractive, well selected, not tight or too loose fitting,	. Weight always lower than chart	. 98 lbs. at present. . Metropolitan (1978) chart
	. Not ashamed of body	. Would prefer that breasts were larger	

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
B. Self Concept-Physical (con't)			
"I have small breasts and wish they were larger"	. No scars or deformed body parts, or alterations in function		
		. Has many friends, both male and female, one close female and male friend	
		. Interacts with other faculty on university concerns and matters not personal issues	
"I need to gain weight"		. Feels a need to gain weight	
2. Personal self	. Good eye contact	. Reared in Baptist religion, still have most of Baptist beliefs	
	. Uses hands to get point across while talking		
	. Voice pleasant, not monotone	. Has been involved very actively in church until 2 years ago when started to school to finish doctoral program - worked with activities associated with the elderly and with infants in the nursery	
	. Well groomed (hair neat, nails neat and clean, clothes coordinated and makeup applied well)		
	. Appears interested during discussions		

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
Self-concept personal self (con't) Subjective "My husband will not respond to my concerns"		. Usually express thoughts and feelings to close friend and family easily	
	. Prefer closeness touch, feeling that there is trust, confidence, confidentiality sharing and able to talk about concerns or issue	. Husband usually will listen, but hardly ever will respond to me about what I perceive to be a concern in our life*	
	. Teeth white	. Visits dentist every 6 months	. Eye examination every 2 years
	. Appears to have no visual problems, wears glasses and/or contacts	. Visits Ophthalmologist at least every 2 years	
		. Has physicals each year	. Electrolytes, CBC . Mammogram . EKG . Pap smear
		. Self-examines breast once a month or more	
		. Would like to be a successful person that everyone respects	
		. Beliefs about self include: a caring person, interested in people, desire for success in current position, cooperative, willing to share	

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
Self-concept Personal self (con't)			
		. Beliefs are that these attributes are strong currently but desire for growth is constant and are achievable	
		. Like to talk to husband when there is a problem however, he does not seem to be concerned. Usually talk with close friend about some confidential issues, and with parents about some concerns	
		. In relation to other people, feel equal to generally. However, in career, feel like a junior member but willing to learn and grow	
C. Role function mode	. Teaches at university works diligently on job, studies alternatives and directions in achieving goals and objectives	. No children and made choice not to have any	
		. Want to please parents	
		. Family's expectations are for achievement in career if desired	
	. Concerned about husbands reaction to new job	. Husband appeared to be proud of education and job but currently appears to resent this accomplishment, but will not discuss issue*	

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
C. Role function mode (con't)			
Subjective "I feel depressed about my husband and me not being able to talk"	. Seems under stress about meeting expectations of career, but appears to work things out	. Family does not express any specific expectations, only what is desired . Others at work, such as administration and committees on tenure and promotion have high expectations . Close female friend expects high achievement but believes its possible . Expectations for self are very high and believes they are obtainable . Occupation involves teaching, research, and extension activities at the university . Appear to be meeting own, parents, friends, and colleagues expectations, but concerned about husband' . Expectations are compatible with work situation,	

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
C. Role function mode (con't)			
"I feel over-extended at times and under stress"		. Feel overextended at times and unachieving at times causing stressful situations	
	. Reads constantly but is required on job	. Enjoy reading, working in research and with students, and travel with job	
	. Does very little cooking	. Live alone, not much cooking	
	. Cleans house in two cities	. Moved to new job 8 months ago and bought another house for her, husband lives alone in their other house	
Subjective "I need some time for me"	. Occasionally appears tired	. No leisurely time, too busy with new job'	
	. Seldom sick	. During illness, parents or husband visits	
	. Happy as female	. Enjoy being a female feel some discrimination at times	
	. Enjoys talking about pet dog	. Feel stressful at times in regards to being a wife	
D. Interdependence mode	Nonverbal signs . Smiles constantly with everyone	. considers mother, father, aunt and husband as family	

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
D. Interdependence mode (con't)			
	. Listens intently	. Feels closer to mother in family because of early years and being only child with her all the time	
	. Interested in concerns and issues of others		
	. Appears to handle self well in meetings, conversations, tasks assigned, house and maintenance problems	. Other people important include a close female friend and male friend	
	. Pets own dog very gently	. Socializes with colleagues some times, usually family while out of town at other home, female and male friend while at other home where job is	. 2 weekends each month with family
Subjective "I am not happy with my social life"	. Very responsible, shows initiative, self starter	. Not happy with my social life"	. Usually 1-2 times a week with female friend
	. Asks questions if in doubt about anything		
	. Willing to help others on committees		
	. Cares for pet evident by attention	. Talks about pet often	
	. No signs of love when with husband, respect only	. Stated that feelings for husband had changed does not love him"	

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
D. Interdependence mode (con't)			
Subjective "I do not love my husband"	. Appears to desire close relationships with friends	. Stated a need for love, someone to show her attention, enjoy doing things together, and someone to be a friend, a companion, and a husband*	
"I need someone to love"	. Very willing to receive friendship and nurturing from others	. Not involved in any activities outside the home except work*	
		. See no problem with fitting in with mother, father, and uncle and aunt or friends, only with husband*	
"I have trouble fitting in with husband as family"	. Apparently no financial problems, bought another new house and new car	. No financial problem and new job	. Exact amount of income unknown
		. No competition with family or friends in regards to material goods or status, desire to grow at university and achieve higher promotion to gain more status	
		. Show affection by caring, giving, understanding, smiling	

(table continues)

Adaptation Modes	Observations	Interactions/Response Activity	Measurements
D. Interdependence mode (con't)		. Parents show affection by loving, showing respect for my beliefs, touching, smiling, doing things, . Not satisfied with affection from husband, needs are not being met*	

Note: Subjective statements from client included under adaptation mode

* = Concerns regarding assessment of client

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Appendix B

Nursing Process Care Plan

Using Roy's Model

Table 2

Nursing Care Process Using Roy's Model

First Level Assessment (Behaviors)	Second Level Assessment (Stimuli)	Nursing Diagnosis	Goal Setting	Intervention	Evaluation
A. Physiologic Mode 1. Activity and rest					
"I need more exercise" - No regular exercise program Muscles soft	Focal: Need regular exercise program Contextual: spend time on job Residual: other preferences more important such as writing	- Potential for heart problems	- Ms. P. will begin a regular exercise program	- advise Ms. P. on available community Health Agency for exercise program such as East Alabama Wellness Group	- Follow up interview t determine i Ms. P. complied
"I need more rest" "I do not feel rested with amount of sleep I am getting" - Not enough sleep - Wakes up at night. Only sleeps 4-6 hours	Focal: Need more hours sleep to feel rested Contextual: New job, moving away from husband a new sexual partner, no exercise, diet Residual: Fear of not being able to cope if rest not obtained	- Potential for high level tension and stress	- Ms. P. will begin to set schedule for sleep to establish a routine pattern and try to reduce working hours	- Instruct Ms. P. on number of hours usually needed to feel rested and some techniques for relaxing - Advise Ms. P. that caffeinated beverages may have some effect, advise to discontinue - Advise Ms. P. to attend workshops on stress sponsored by hospital	- Follow up o interview t determine i Ms. P.comp- plied and i feeling mor rested

Table 2

Nursing Care Process Using Roy's Model

First Level Assessment (Behaviors)	Second Level Assessment (Stimuli)	Nursing Diagnosis	Goal Setting	Intervention	Evaluation
1. Activity and rest					
"a good glass of wine and music makes me sleep" - Drinks wine occassionaly (2-3 times a week)	Focal: Need for wine and music to sleep Contextual: Too tired to sleep, long hours Residual: Ms. P. may have faulty perception about alcohol	- Potential for dependency on wine	- Ms. P. will try to use other methods to make her sleep and decrease use of wine	- Instruct Ms. P. on relaxing techniques to sleep and and available community resources on addiction to alcohol - Advise Ms. P. to use music and eliminate wine	- Follow-up wine interview to detmine if Ms. P. complied and if able to sleep
2. Nutrition					
"I need to gain weight" "I eat about the same or similar each day" - Cooks very little - Eats out most of time - Ht. 5'6" wt. 98	Focal: Need to gain weight Contextual: Inadequate diet, stress, inadequate exercise, lean body tissue and requires more calories Residual: Desire to be successful in career, and to stay healthy, yet not complying	- Insufficent intake of calories to gain extra weight	- Ms. P. will increase caloric intake to increase weight - Will not increase calories with fat food - Will begin a regular exercise program	- Instruct Ms. P. on type of diet to increase calories without fat - Advise Ms. P. of nutritionist available at hospital to assist her with diet	- Follow-up interview to determine if Ms. P. complied and about foods for weight gain

able 2

ursing Care Process Using Roy's Model

irst Level ssessment Behaviors)	Second Level Assessment (Stimuli)	Nursing Diagnosis	Goal Setting	Intervention	Evaluation
. Fluids and lectrolyes Always thirsty and ired" . Drinks about 100 cc. of fluid ach day . Sleeps 4-6 hours er day . Lab test normal or thyroid, glucose nd blood count (all lectrolytes normal)	Focal: Always thirsty Contextual: Improper diet; lack of H20; works long hours, not enough sleep Residual family history diabetes, thyroid problem	- Potential dehydration, diabetes, or thyroid problem	- Ms. P. will increase fluids, eat adequate diet, get adequate rest to reduce tiredness. See physician for follow-up	- Instruct Ms. P. to drink large amounts of high calorie fluids, adequate diet. Advise her to see Nutrionist to assist with diet. - Advise Ms. P. to get adequate rest. Ask her to see physician for follow-up blood test	- Follow up interview to determine if Ms. P. has complied, if her "thirsty and tired feeling is better and if she has seen her physician

Table 2

Nursing Care Process Using Roy's Model

First Level Assessment (Behaviors)	Second Level Assessment (Stimuli)	Nursing Diagnosis	Goal Setting	Intervention	Evaluation
B. Endocrine function (and B. self-concept mode)					
"I would like for my breasts to be larger They are too small" - Breasts small, normal on examination - Mammogram normal - Lab test normal for hormones - Dark brown long hair on upper lip	Focal: Desire for larger breasts Contextual: Has lean body tissue and needs more calories, eats inadequate diet, no exercise program, heredity Residual: Attitude about being all woman	- Potential for injury to self-concept	- Ms. P. will eat adequate diet, seek counseling on diet from nutritionist and see physician for further counseling	- Instruct Ms. P. on variables related to small breasts - Advise further counseling from nutritionist at health department on adequate diet - Advise further visits to physician - Advise to see marriage and family counselor at mental health center	- Follow-up interview to determine if Ms. P. has received counseling on diet, eating adequate diet and if she has seen her physician

Table 2

Nursing Care Process Using Roy's Model

First Level Assessment (Behaviors)	Second Level Assessment (Stimuli)	Nursing Diagnosis	Goal Setting	Intervention	Evaluation
6. Endocrine function "I have a sexual partner outside of marriage" - Unhappy with husband - Need love and affection - No love for husband - Freedom	Focal: Sexual partner outside of marriage Contextual: No attention from husband; sees self as woman and attractive, caring and giving, moving away from husband and living alone, need for affection Residual: Need love and does not receive at home, more liberal society	- Potential for poor self-concept role function, diseases, (and divorce)	- Ms. P. will seek counseling from marriage and family counselor	- Advise Ms. P. to seek assistance from marriage and family counselor at Mental Health Center	- Follow-up interview to determine if Ms. P. has received counseling

Table 2

Nursing Care Process Using Roy's Model

First Level Assessment (Behaviors)	Second Level Assessment (Stimuli)	Nursing Diagnosis	Goal Setting	Intervention	Evaluation
B. Self-concept Mode			- Same as (Goal setting in Endocrine function)		
1. Physical "I have small breasts and wish they were larger" "I need to gain weight" -Behaviors in Endocrine function	Focal: need larger breasts and to gain weight Contextual: stimuli in Endocrine function Residual: Attitude about being a woman and succeeding in career	- Potential damage- to self-concept	Ms. P. will eat adequate diet, seek counseling from nutritionist for diet	- Same as in Endocrine function	
2. Personal "My husband will not respond to my concerns" - Behavior in Interdependence mode - Preference for close relationships	Stimuli Same as indepencence mode	- Same as diagnosis in Endocrine function and	- Same as in Endocrine function and Interdependence mode	- Same as Endocrine function and Interdependence mode	

Table 2

Nursing Care Process Using Roy's Model

First Level Assessment (Behaviors)	Second Level Assessment (Stimuli)	Nursing Diagnosis	Goal Setting	Intervention	Evaluation
C. Role function					
"I feel depressed about my husband and me not being able to talk"	Focal: Need to talk, overextended and leisure time	- Potential for severe stress, (job loss, divorce) and physical problems	- Ms. P. will try to talk to husband about their situation and seek counseling from marriage and family counselor at local mental health facility	- Advise Ms. P. to seek counseling as soon as possible at local mental health center	- Follow-up to determine if Ms. P. has tried to talk to her husband and has discussed situation with counselor
"I feel overextended at times and under stress"	Contextual: Husband not realizing a problem exists, client spends too much time on job, no social activities, role conflict				
"I need time for me"	Residual: Not loving husband, having sexual partner, use to being with husband and family each day until 8 months ago				

Table 2

Nursing Care Process Using Roy's Model

First Level Assessment (Behaviors)	Second Level Assessment (Stimuli)	Nursing Diagnosis	Goal Setting	Intervention	Evaluation
D. Interdependence Mode					
"I am not happy with social life" "I do not love my husband" "I need someone to love"	Focal: Need for love and social life Contextual: No attention from husband, new job, new environment, new friends, new home, living away from home	- Need for affection	- Ms. P. will become more active in social activities by providing some time from work and will seek counseling from Mental Health Center	- Instruct client to seek counseling at mental health center for both self and husband - Advise client to try to discuss marital problems. - Encourage more participation in social activities	- Follow-up m interview t determine i more active in social activities, if received assistance from Mental Health Center, and if successf in talking husband
"I have trouble fitting in with my husband, not my family"	Residual: Desire for close relationships, to feel needed				

Note: Once the data has been collected and organized in the four adaptive modes as shown in the nursing care plan, the nurs can then prioritize the care to assist the client in wellness promotion.

Appendix C

Outline of Theory

Based Nursing Process

In Wellness Promotion

CLINICAL APPLICATIONS OF A THEORY BASED NURSING PROCESS IN WELLNESS PROMOTION

I. Introduction to Theory Based Nursing Process

II. Purpose of Applying a Theory Based Nursing Process

- A. Organize Information
- B. Collect Information
- C. Analyze Information
- D. Write Plan of Care
- E. Identify Community Agencies Appropriate
- F. Evaluate Applicability

III. The Roy Adaptation Model of Nursing

- A. Concepts and Definitions
  - 1. Person
    - a. Coping Mechanisms
      - 1. Regulator
      - 2. Cognator
    - b. Adaptation Modes
      - 1. Physiological Mode
        - a. Activity and Rest
        - b. Nutrition
        - c. Elimination
        - d. Oxygen
        - e. Fluids and Electrolytes
        - f. Endocrine System
        - g. Skin Integrity
        - h. Senses
        - i. Neurological Function
      - 2. Self-Concept Mode
        - a. Physical

b. Personal

3. Role Function Mode

a. Position

b. Performance

4. Interdependence Mode

a. Relationships

b. Interactions

2. Health

a. State

b. Process

3. Environment

a. Conditions, Circumstances, Influences

b. Adaptation

c. Stimuli

1. Focal Stimuli

2. Contextual Stimuli

3. Residual Stimuli

4. Nursing and Goal

a. Science

b. Practice and Process

1. First Level Assessment

2. Second Level Assessment

3. Nursing Diagnosis

4. Goal-Setting

5. Intervention

6. Evaluation

IV. Client Assessment Data Base

A. Biographical Data

B. Client Assessment in Adaptive Modes

1. Physiological Mode

2. Self-Concept Mode

3. Role Function Mode

4. Interdependence

V. Summary of Nursing Care Process Care Plan

A. Organization of Plan in Six Levels

1. First Level Assessment in Adaptive Modes

2. Second Level Assessment Examination of Stimuli

3. Nursing Diagnosis of Excesses or Need Deficits

4. Goal Setting For Clear Descriptions of Expectations

5. Intervention for Manipulation of Stimuli

6. Evaluation for Effectiveness

VI. Community Agencies

A. East Alabama Wellness Group

B. Internal Associates

C. Lee County Public Health Department Nutrition Section

D. East Alabama Mental Health Center

E. University Club

VII. Effectiveness and Applicability of Roy's Model

A. Framework

B. Applicability

C. Problems

1. Overlapping

2. Nurse Value System

3. Meaning of Growth

4. Need Excesses and Deficits

VIII. Summary

NJW/May, 1989